

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Eric J. Holcomb**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

### Massage Therapy Reinstatement

Your massage therapy certification in the state of Indiana is expired. To reinstate, please complete this document in its entirety and submit it with the reinstatement fee of \$250, required proof of insurance, and a letter of work history detailing employment since expiration to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

#### **LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address**

Licensee Name	License Number	Expiration Date	Renewal Fee \$250
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

#### **QUESTIONS**

1. Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?	YES	NO
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	YES	NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	YES	NO
4. Are you currently, or have you ever been, listed on a national or state registry of sex offenders?	YES	NO
5. Have you ever been charged with or convicted of prostitution, rape, or any other sexual misconduct?	YES	NO
6. Do you have professional liability insurance?	YES	NO

#### **REQUIRED DOCUMENTATION**

**Professional Liability Insurance:** You are required to hold professional liability insurance in order to practice massage therapy in the State of Indiana. The proof may be a notarized copy of professional liability insurance or submitted directly from the insurance provider. **In order to finish your renewal, you must send proof of insurance to the board with this renewal application, by email to [pla14@pla.in.gov](mailto:pla14@pla.in.gov), or fax to 317-233-4236.** Please include your certification number on all documentation.

#### **LICENSEE AFFIRMATION**

I hereby swear or affirm under the penalties of perjury that I understand the State Board of Massage Therapy statutes and rules, and have answered the questions true to the best of my knowledge.

Signature of Licensee	Date (month, day, year)
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Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the State Board of Massage Therapy please email [pla14@pla.in.gov](mailto:pla14@pla.in.gov) or call 317-234-8800.

#### **FOR OFFICE USE ONLY**

Renewal Fee	Receipt No.	Date
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